Request for Proposal # 31 ATTACHMENT A-2, COST AND FEES, COST PROPOSAL WORKSHEET

| | | P.C. 1368 / 1370 | P.C. 1368 / 1370 (involuntary medication orders) | P.C. 288.1 | W&I Code 709 |
|-------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Please provide cost per evaluation and/or hourly rate; or N/A if not applicable. | | | |
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| ricing for | otl | her "Nearby Courts" please list l | below. | | |
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| Mental | H | ealth Evaluator Name: | | | |
| Mental Health Evaluator Signature: | | | | | |
| Date Signed: | | | | | |
| Please provide additional cost information on a separate sheet titled "Cost Explanation". | | | | | |
| | Mental Mental Date S | Mental He Mental He Date Signe | Mental Health Evaluator Name: Mental Health Evaluator Signature: | P.C. 1368 / 1370 (involuntary medication orders) Please provide cost per evaluation and/ ricing for other "Nearby Courts" please list below. Mental Health Evaluator Name: Mental Health Evaluator Signature: Date Signed: | P.C. 1368 / 1370 (involuntary medication orders) P.C. 288.1 Please provide cost per evaluation and/or hourly rate; or N/A if not app ricing for other "Nearby Courts" please list below. Mental Health Evaluator Name: Mental Health Evaluator Signature: |